Collaborative Action to Promote Healthy Weights in Nova Scotia

Meeting Summary

March 29, 2000
Dartmouth Nova Scotia

102-05342/

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Part One:
Background and Overview of the Workshop

Why the Workshop Was Created

Excess weight and obesity are major public health issues in Nova Scotia. Since 1985, the percntage of adult Nova Scotians who are obese has risen from 18% to 38%. Nova Scotia has one of the highest rates of obesity in the country. Being overweight, as well as the associated factors of inadequate diet and lack of physical activity, contribute to many health problems, including cardiovascular disease, diabetes, and some cancers.

Cancer Care Nova Scotia and the Nova Scotia Department of Health believe that addressing the issue of healthy weights requires a broad collaborative approach, that involves representation from community groups, health professionals, the research community, governments, education professionals, and the food industry. Recognizing that collaborative action requires coordination, time, energy and money to be successful, Cancer Care Nova Scotia and the Nova Scotia Department of Health committed resources to begin discussions on how collaborative action to promote healthy weights can be initiated in Nova Scotia.

On March 29, 2000, Cancer Care Nova Scotia and the Nova Scotia Department of Health jointly sponsored a one-day workshop called "Collaborative Action to Promote Healthy Weights in Nova Scotia." The workshop was structured to provide participants with the opportunity to:

- learn about current issues surrounding healthy weights for Nova Scotians;
- talk about the benefits, challenges, and opportunities for collaboration around the healthy weights issue, and
- identify the next steps to working collaboratively to promote healthy weights.

Encouraging Broad Participation

The organizers developed an invitation list that included representatives from many sectors with an interest in this issue. To ensure that individuals and organizations were not inadvertently missed from the invitation list, copies of the list were included with the invitation letter and registration forms. Invited guests were asked to review the list and to call the organizers with additional names. This method identified at least another 15 people who were not on the original list.

Fifty-eight individuals from many diverse sectors and interests participated in the workshop. Three registered participants who were unable to attend at the last minute called and asked to be kept informed on future developments related to the initiative. The list of workshop participants may be found in Appendix A.

Structure of the Day

Recognizing the potential for collaborative action to positively impact on Nova Scotia's high obesity rates, Cancer Care Nova Scotia and the Nova Scotia Department of Health structured the agenda to ensure that participants:

- were provided with current information about obesity and associated factors;
- had time to meet each other throughout the day, and discuss common issues; and that
- participants had an opportunity to identify post-workshop actions to address the issues identified at the workshop.

The agenda for the workshop is located in Appendix B.

Information Sessions

The first part of the workshop consisted of presentations by four speakers, who set the context for small group and large group discussions in the afternoon. Dr. Bruce Reeder, from the Department of Community Health and Epidemiology, University of Saskatchewan, gave a presentation titled "Making the Connection: Healthy Weights and Chronic Disease Prevention," which examined the evidence linking unhealthy weights with various chronic diseases.

To enhance understanding about the impacts of obesity in Nova Scotia, Cancer Care Nova Scotia commissioned GPI Atlantic to conduct research on the costs of obesity. The research was conducted and presented at the workshop by Dr. Ron Colman from GPI Atlantic. Dr. Colman gave an overview of the incidence, prevalence, and costs associated with obesity in Nova Scotia, as well as details about some of the societal factors that impact on the weight issue in Nova Scotia.

Dr. Michael Rachlis, Health Policy Consultant, provided the participants with an overview of population health, and the factors associated with successful collaborative efforts involving partners from many sectors. Dr. Rachlis provided a copy of a draft collaboration tool kit, which is included in Part Two of this report.

To provide a starting point for discussion about collaboration, participants were asked a series of questions about collaboration as part of their registration form. Responses to these questions were synthesized prior to the meeting, and presented to workshop participants immediately following the lunch break by Ms. Cathy Chenhall, Public Health and Health Promotion Division of the Nova Scotia Department of Health.

Part Two of this report contains overviews of the presentations given by each of the four speakers.

Working Sessions

Most of the afternoon portion of the workshop consisted of a series of small group and large group discussions designed to identify and prioritize opportunities for collaboration, as well as determine concrete action steps to continue the momentum begun at the workshop.

In the first working session, small groups were asked to brainstorm possible actions that the group could collectively address. From this group work, the participants identified collaborative action to promote healthy weights for children and youth as a priority. Four focus areas for action were identified:

1. developing and communicating a common message(s) about healthy weights for children and youth;
2. stimulating and supporting local action;
3. identifying and sharing what is working, and developing realistic progress indicators for Nova Scotia; and
4. identifying and developing public policies to support healthy weights for children and youth.

Following a break, the small groups reconvened to identify potential actions under each of the four focus areas. The details from this working session may be found in Part Three of this report.

Conclusions and Next Steps

After the completion of group work about potential items for collaborative action, Dr. Michael Rachlis provided reflections on the accomplishments of day. His observations and reflections included the following:

- discussions throughout the day suggest that the focus should be on nutrition, recreation/physical activity, and body comfort, rather than on the concept of healthy weight;
- there is tremendous opportunity to "piggyback" on existing programs, and by following this route, success will likely come more swiftly; and
- the decreasing amount of time being devoted to family studies courses in the schools is a major policy issue around which members could collaborate.

Participants were determined to find a means of supporting the next steps needed to foster collaborative action to address the issues identified throughout the day. There was general agreement that while the workshop provided an abundance of useful information for people to take back to their communities and organizations, there must be a mechanism by which interested participants can continue to explore ways of working together.

It was agreed that a small group of volunteers would meet to develop a proposed plan of action based on the priorities identified at the workshop. The individuals who volunteered to meet are:

Yann Artur, Cape Breton Wellness Centre
Cathy Chenhall, Public Health & Health Promotion Division, Nova Scotia Department of Health
Peggy Dunbar, Diabetes Care Program of Nova Scotia
Kelly Fleming, Atlantic Wholesalers Ltd.
Neala Gill, Canadian Diabetes Association
Collen Goggin, Public Health Services, Northern Region Health Board
Bonnie Howstrauser, Canadian Cancer Society, Nova Scotia Division
Jan McCabe, Public Health Services, Eastern Region Health Board
Shaun MacCormick, Northern Region Health Board
Judy Purcell, Canadian Cancer Society, Nova Scotia Division
Karen Pyra, Cancer Care Nova Scotia
Elaine Shelton, Heart and Stroke Foundation of Nova Scotia
Theresa Marie Underhill, Cancer Care Nova Scotia

Karen Pyra will convene the first meeting of this group.

It was further agreed that another meeting of workshop participants should be held in the fall to review the work of the smaller group, and to refine the opportunities for action. The small group will discuss the focus of the large meeting, and other logistics.

Evaluation

Participants were asked to complete an evaluation form at the end of the workshop. Twenty evaluation forms were returned, and all forms contained very positive comments about the workshop. Generally, participants found the speakers informative, enjoyed the opportunity to network with others, and believed that the afternoon group work was a good first step towards identifying action steps. Participants believed that ongoing communication is very important, and that coordination and leadership are required to keep the issue moving forward. Many expressed commitment to an ongoing process of planning. Responses from the evaluation forms are listed in Appendix C.

Part Two:
Summary of Speaker's Presentations

This part of the report provides an overview of each of the four presentations given during the workshop.

Making the Connection: Healthy Weights and Chronic Disease Prevention
Dr. Bruce Reeder

Speaker Biography
Dr. Bruce Reeder is Professor in the Department of Community Health and Epidemiology, University of Saskatchewan. He received his medical training at the University of Saskatchewan, a Master's of Health Science Degree in Community Health and Epidemiology from the University of Toronto, 1986, and a Fellowship in Community Medicine from the Royal College of Physicians and Surgeons of Canada, 1987. His research interests and publications are in the area of clinical and community-based cardiovascular disease prevention and the epidemiology of obesity in Canada.

At the University since 1989, he has taught medical students and family medicine residents in the areas of epidemiology, preventive medicine and research methodology. He has served as supervisor, member of thesis advisory committees and external examiner for graduate students. Dr. Reeder has authored and co-authored publications in the areas of cardiovascular disease prevention and risk factors, obesity, stroke prevention, the Saskatchewan Heart Health Program and the Canadian Heart Health Surveys.

Summary of Presentation

Note: A copy of Dr. Reeder's slides follow the summary of presentation below.

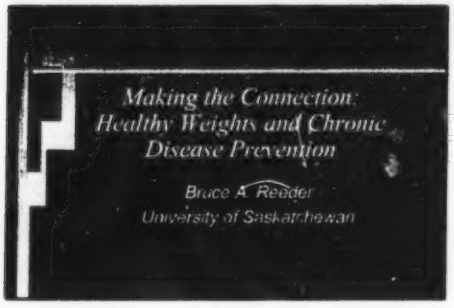
Rates of obesity have been rising steadily in Canada since 1985, which reflects a global trend. The Atlantic Provinces have the highest rates of obesity and overweight in the country. The health consequences of obesity are substantial, including increased illness and mortality, and impacts upon quality of life and psychosocial well being. Illnesses linked to obesity include cardiovascular diseases, respiratory diseases, cancer, diabetes, gallstones, osteoarthritis and problems related to women's reproductive health. For example, individuals with a body mass index (BMI) greater than 29 experience twice the risk of coronary heart disease, post-menopausal breast cancer, and colon cancer as those with a healthy weight (additional rates of risks are shown on Dr. Reeder's slides which follow this summary).

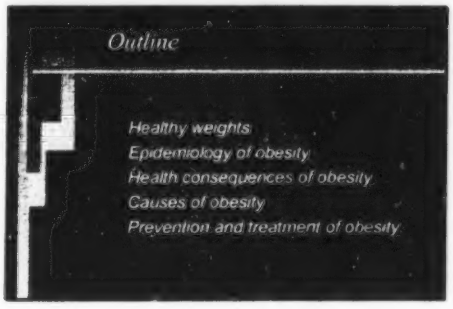
There is a clear association between body weight and overall mortality, a relationship that is stronger in the young than the elderly. Among people who are obese, there is a higher prevalence of depression, body image dissatisfaction, social stigmatization and weight cycling. Obese people also report a lower quality of life than the general population.

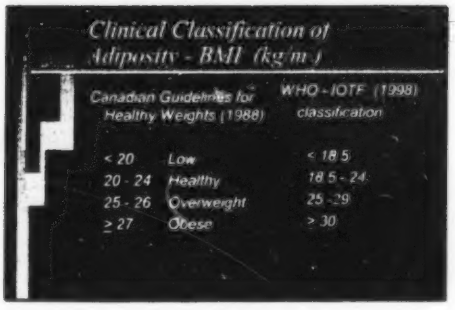
High-risk groups for obesity include genetically susceptible individuals, certain ethnic groups, lower socio-economic groups, individuals who have recently undergone recent smoking cessation or weight reduction, and individuals taking certain medications. There are certain stages of life that are high risk for the development of obesity, including the prenatal period, 5-7 years of age, adolescence, early adulthood (18-30 years) pregnancy/post-partum and menopause.

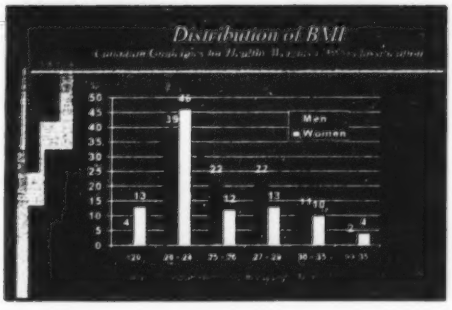
Obesity is caused by a complex interaction of factors, including genetic susceptibility, physical inactivity, and nutrition, the latter two being influenced by the social, physical and economic environment. While public education and skill development are important in obesity prevention, these alone are insufficient to change the rising trend of obesity. The key to success is change in the environment, through the implementation of healthy public policies and evolution in social norms.

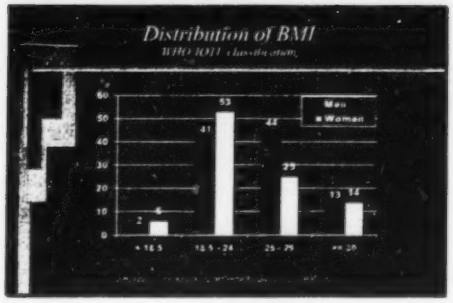
Bruce Reeder's Slides

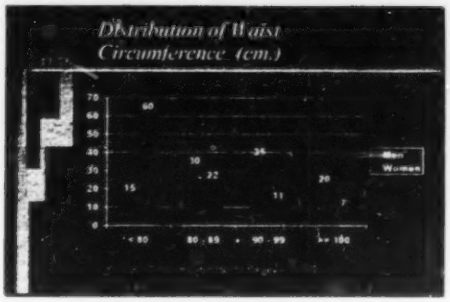


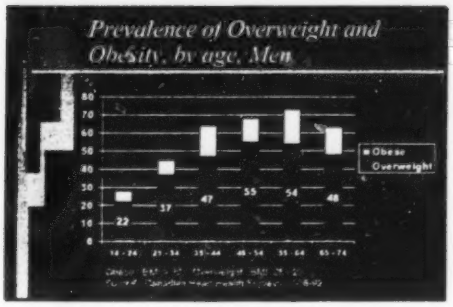


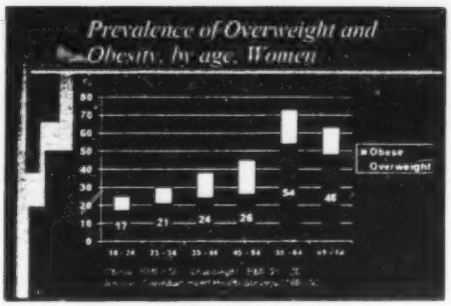


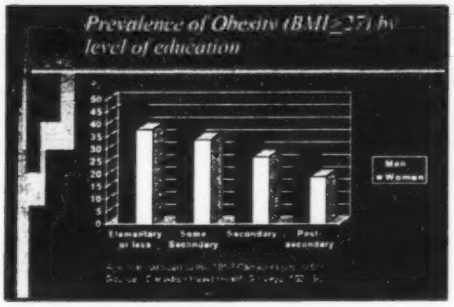


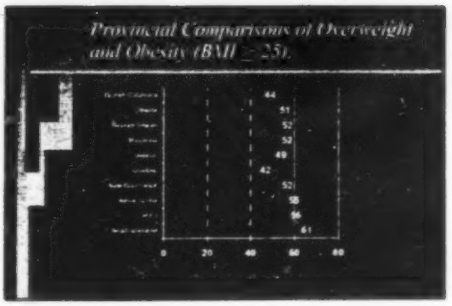

Distribution of BMI
Men
Women
2
6
53
41
43
25
13
14
< 18.5
18.5 - 24
25 - 29
>= 30

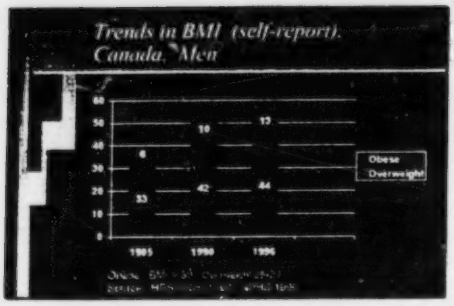

Distribution of Waist Circumference (cm.)
Men
Women
15
60
10
22
36
11
20
7
< 80
80 - 89
90 - 99
>= 100

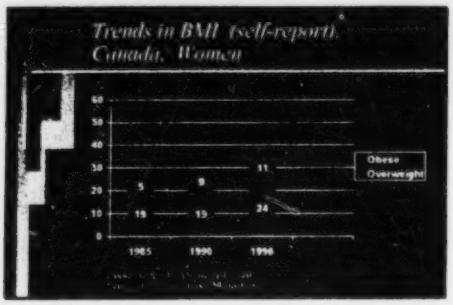

Prevalence of Overweight and Obesity, by age, Men
Obese
Overweight
22
37
47
55
54
48

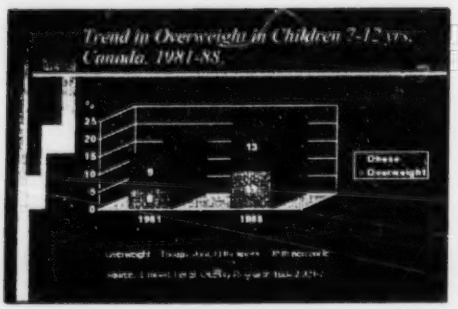

Prevalence of Overweight and Obesity, by age, Women
Obese
Overweight
17
21
24
26
54
46

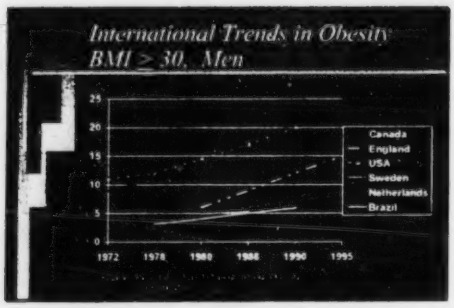

Prevalence of Obesity (BMI ≥ 27) by level of education
Men
Women
Elementary or less
Some Secondary
Secondary
Post-secondary

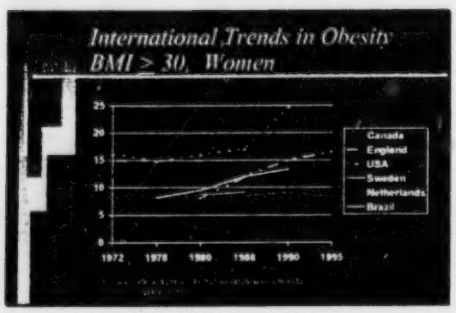

Provincial Comparisons of Overweight and Obesity (BMI ≥ 25)
44
51
52
52
49
42
52
58
66
61
0
20
40
60
80

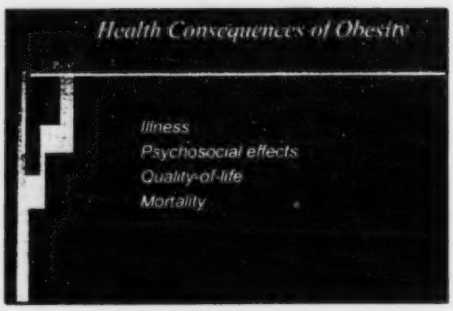

Trends in BMI (self-report).
Canada, Men
Obese
Overweight
1985
1990
1996

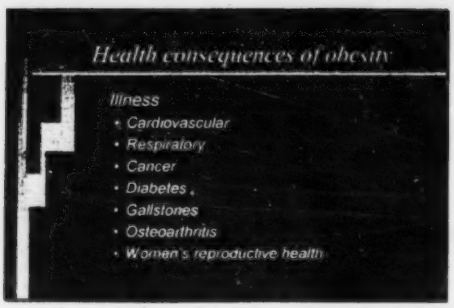

Trends in BMI (self-report).
Canada, Women
Obese
Overweight
1985
1990
1996

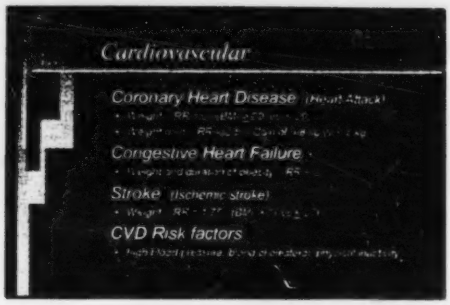

Trend in Overweight in Children 7-12 yrs.
Canada, 1981-88
Obese
Overweight
1981
1988

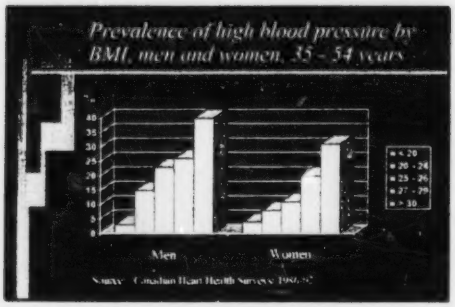

International Trends in Obesity
BMI ≥ 30, Men
Canada
England
USA
Sweden
Netherlands
Brazil
1972
1978
1980
1986
1990
1995

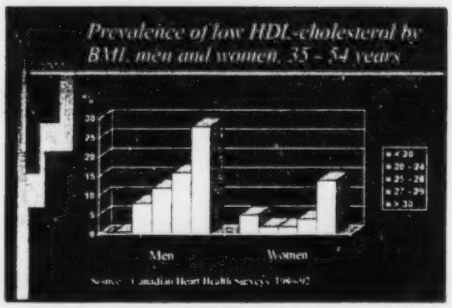

International Trends in Obesity
BMI ≥ 30, Women
Canada
England
USA
Sweden
Netherlands
Brazil
1972
1978
1980
1986
1990
1995

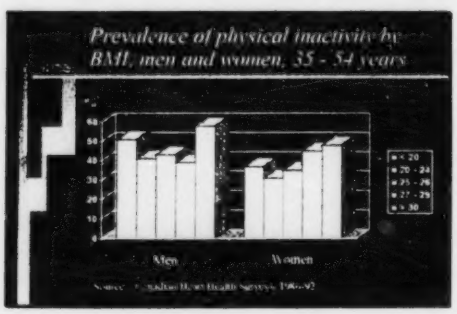

Health Consequences of Obesity
Illness
Psychosocial effects
Quality-of-life
Mortality

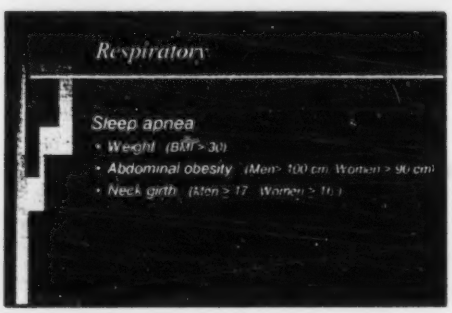

Health consequences of obesity
Illness
• Cardiovascular
• Respiratory
• Cancer
• Diabetes
• Gallstones
• Osteoarthritis
• Women's reproductive health

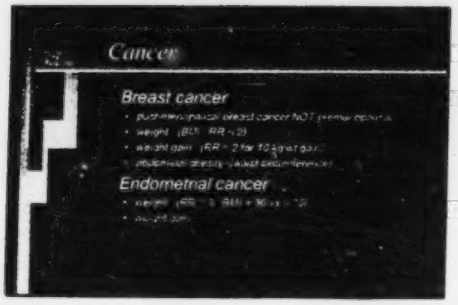

Cardiovascular
Coronary Heart Disease (Heart Attack)
Congestive Heart Failure
Stroke (Ischemic stroke)
CVD Risk factors

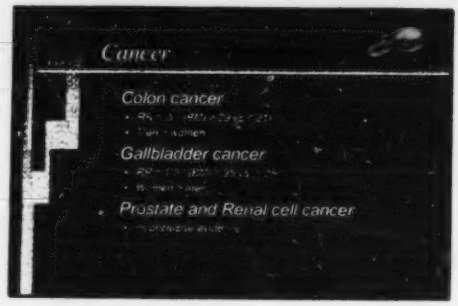

Prevalence of high blood pressure by BMI, men and women, 35 - 54 years
Men
Women
< 20
20 - 24
25 - 26
27 - 29
> 30

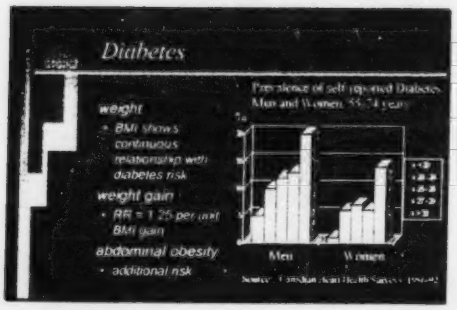

Prevalence of low HDL-cholesteral by BMI, men and women, 35 - 54 years
Men
Women
< 20
20 - 24
25 - 26
27 - 29
> 30

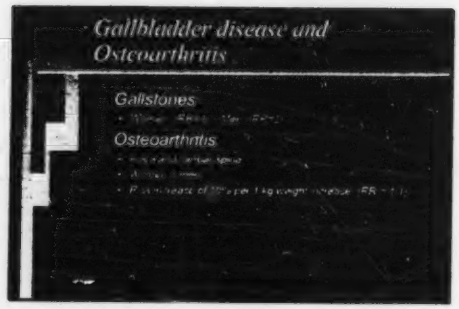

Prevalence of physical inactivity by BMI, men and women, 35 - 54 years
Men
Women
< 20
20 - 24
25 - 26
27 - 29
> 30

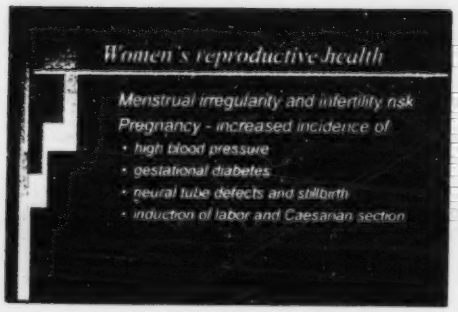

Respiratory
Sleep apnea
• Weight (BMI > 30)
• Abdominal obesity (Men > 100 cm Women > 90 cm)
• Neck girth (Men ≥ 17 Women ≥ 16)

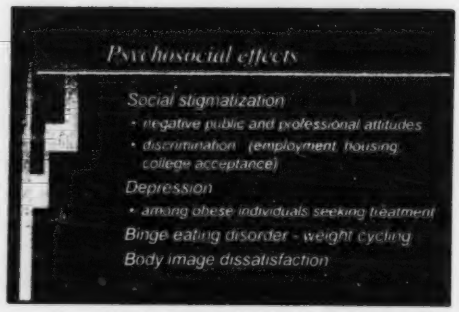

Cancer
Breast cancer
Endometrial cancer

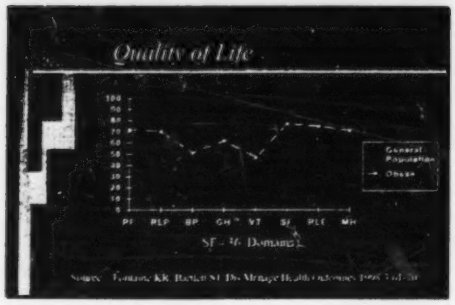

Cancer
Colon cancer
Gallbladder cancer
Prostate and Renal cell cancer

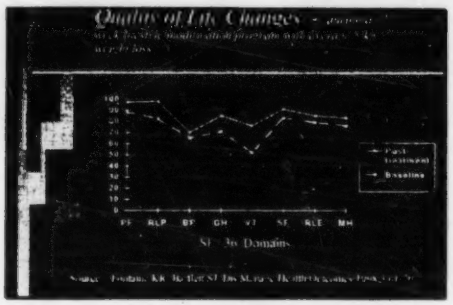

Diabetes
weight
BMI shows continuous relationship with diabetes risk
weight gain
RR = 1.25 per unit BMI gain
abdominal obesity
additional risk
Men
Women

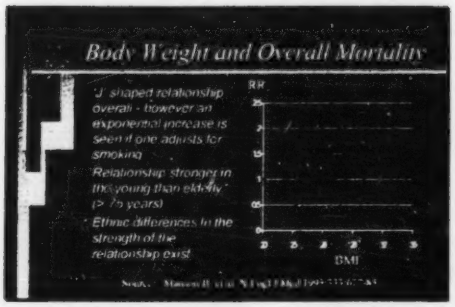

Gallbladder disease and Osteoarthritis
Gallstones
Osteoarthritis

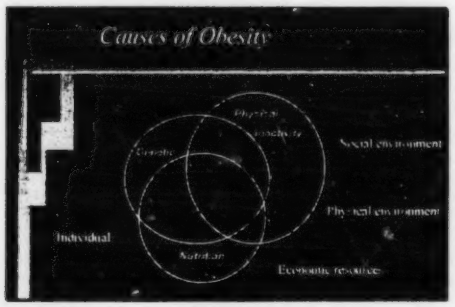

Women's reproductive health
Menstrual irregularity and infertility risk
Pregnancy - increased incidence of
high blood pressure
gestational diabetes
neural tube defects and stillbirth
induction of labor and Caesarian section

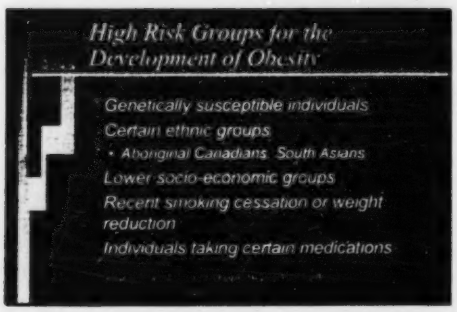

Psychosocial effects
Social stigmatization
negative public and professional attitudes
discrimination (employment, housing, college acceptance)
Depression
among obese individuals seeking treatment
Binge eating disorder - weight cycling
Body image dissatisfaction

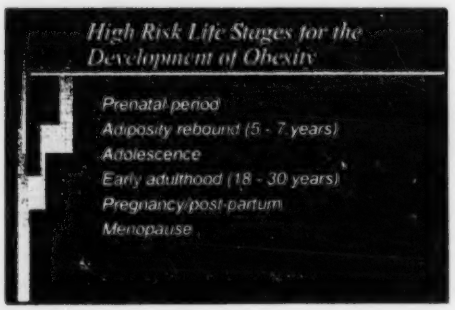

Quality of Life
General Population
Obese
PF RLP BP GH VT SF RLE MH
SF - 36 Domains

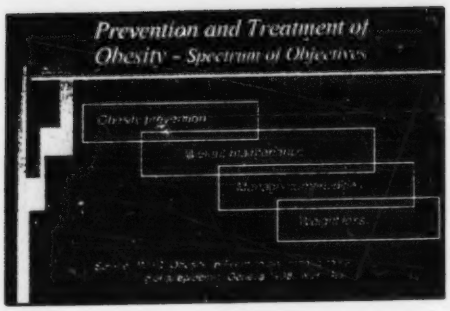

Quality of Life Changes
Post-Treatment
Baseline
PF RLP BP GH VT SF RLE MH
SF - 36 Domains

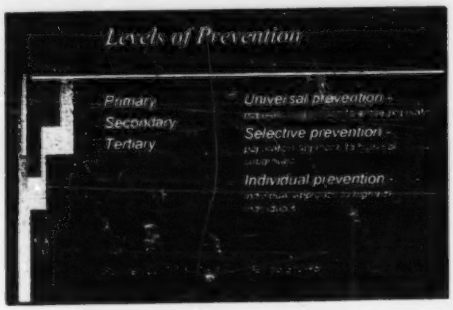

Body Weight and Overall Mortality
"J" shaped relationship overall - however an exponential increase is seen if one adjusts for smoking
Relationship stronger in the young than elderly (> 75 years)
Ethnic differences in the strength of the relationship exist
RR
BMI

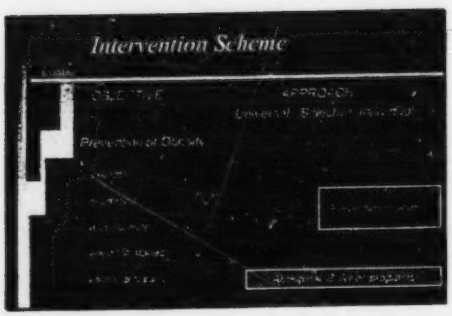

Causes of Obesity
Social environment
Physical environment
Individual
Economic resources

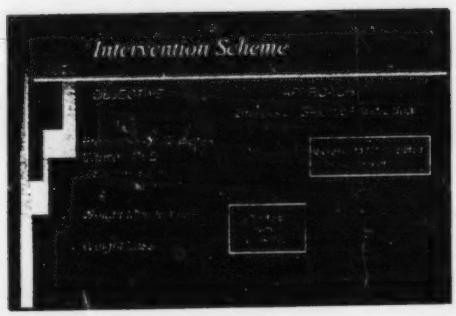

High Risk Groups for the Development of Obesity
Genetically susceptible individuals
Certain ethnic groups
Aboriginal Canadians, South Asians
Lower socio-economic groups
Recent smoking cessation or weight reduction
Individuals taking certain medications

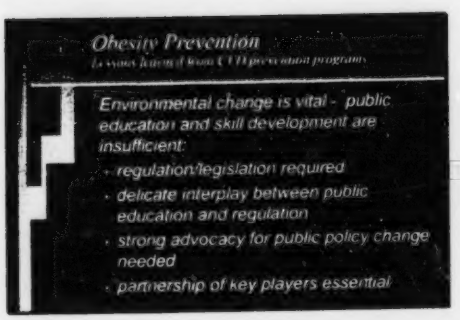

High Risk Life Stages for the Development of Obesity
Prenatal period
Adiposity rebound (5 - 7 years)
Adolescence
Early adulthood (18 - 30 years)
Pregnancy/post-partum
Menopause

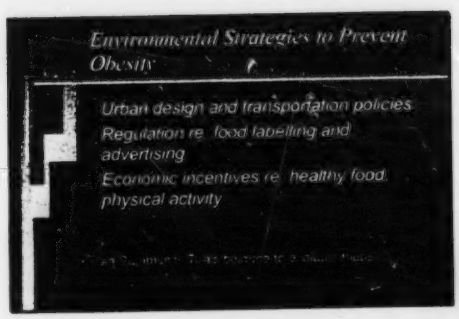

Prevention and Treatment of Obesity - Spectrum of Objectives

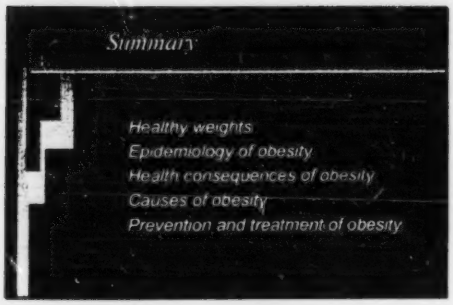

Levels of Prevention
Primary
Secondary
Tertiary
Universal prevention -
Selective prevention -
Individual prevention -

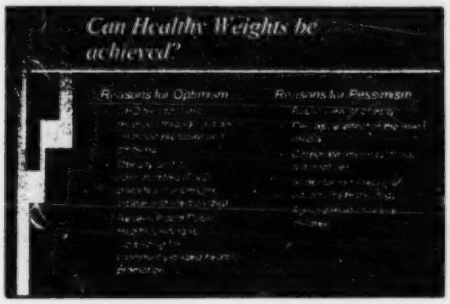

Intervention Scheme


Intervention Scheme


Obesity Prevention
Environmental change is vital - public education and skill development are insufficient:
- regulation/legislation required
- delicate interplay between public education and regulation
- strong advocacy for public policy change needed
- partnership of key players essential


Environmental Strategies to Prevent Obesity
Urban design and transportation policies
Regulation re: food labelling and advertising
Economic incentives re: healthy food, physical activity


Summary
Healthy weights
Epidemiology of obesity
Health consequences of obesity
Causes of obesity
Prevention and treatment of obesity


Can Healthy Weights be achieved?

Healthy Weights, Healthy Budgets: The Cost of Complacency
Dr. Ron Colman

Speaker Biography
Dr. Ronald Colman graduated with honours from the Australian National University in Canberra and received his Ph.D with distinction from Columbia University in 1976. He was a Fulbright Scholar and John W. Burgess Distinguished Fellow at Columbia University, and has taught political science at the university level for 20 years. For five years he was also a researcher and speechwriter at the United Nations. Dr. Colman was professor of political science at St. Mary's University, Halifax, Nova Scotia from 1993 to 1997. Since 1997 he has been full-time director of GPI Atlantic, a non-profit research group that is constructing an index of sustainable development for Nova Scotia, consisting of 20 social, economic and environmental components.

Dr. Colman has authored several reports for the Nova Scotia GPI in the last two years, including *The Economic Value of Civic and Voluntary Work in Nova Scotia*, *The Economic Value of Unpaid Housework and Child Care in Nova Scotia*, *The Cost of Crime in Nova Scotia* (co-author), and most recently, *Women's Health in Atlantic Canada: A Statistical Portrait* (for the Maritime Centre of Excellence for Women's Health). He has authored numerous articles on full cost accounting and frequently gives presentations to government, the private, academic and non-profit sectors, and the general public.

Summary of Presentation

Note: Dr. Colman's presentation was based on the report "Costs of Obesity in Nova Scotia." To receive a copy of the report, call Karen Pyra at 473-3675.

Today, 38% of Nova Scotian adults (population aged 20-64) have a body mass index (BMI) of more than 27, compared to 18% in 1985 (according to Canadian guidelines, a BMI greater than 27 is considered to be obese). Although Nova Scotia has one of the highest rates of obesity in the country, the rate of increase since 1985 is no greater than the rate of increase across the country. Canadians with less education are more likely to be overweight, as are Canadians with lower incomes. Older Canadians are more likely to be overweight than younger Canadians.

Using the methodology of C. Laird Birmingham, et. al. (Canadian Medical Association Journal, 23 February, 1999: 160 (4)), the "population attributable fraction" (PAF) due to obesity of ten diseases was calculated (the PAF estimates the extent to which each disease and its health costs are attributable to obesity). Using this methodology, the direct cost of obesity to the Nova Scotia health system is estimated to be 120 million dollars per year. When indirect costs of productivity losses are included, the cost increases to more than 250 million dollars per year. It is estimated that 4,000 potential years of life are lost each year in Nova Scotia, and up to 1000 deaths annually in Nova Scotia occur unnecessarily due to obesity.

There are numerous factors contributing to the dramatic increase in obesity over the past 15 years. The food industry spends huge amounts of money advertising nutrient-poor, high fat, low fibre diets, that far surpasses the budgets of nutrition education programs. Atlantic Canadians

rank significantly below the Canadian average for physical activity, a statistic that is also linked to high rates of television watching. As Canadian adults are increasing the amount of time they spend at work, there is a concurrent decrease in the time spent cooking meals at home.

Tthe serious disease consequences of obesity are preventable, and the huge savings that will result can be invested in more constructive action to improve well-being and prosperity. The following are only a few examples of initiatives that could make a positive impact: school boards could require healthy foods in their cafeteria contracts; government could implement a tax on foods inversely proportional to nutrient value; and governments could require that foods high in saturated fats be labeled with warning labels similar to tobacco warning labels on cigarettes.

The obesity epidemic is global in scope, and its determinants are deep social trends including a junk food explosion, a more sedentary lifestyle, higher rates of stress and overwork, poverty and nutritional illiteracy. The purpose of the presentation and its accompanying report is not to make overweight Nova Scotians feel bad about themselves, nor to make Nova Scotians feel they are worse than other Canadians because they have higher rates of obesity. On the contrary, it is to suggest that Nova Scotia could take the lead in turning around a highly destructive global trend, and to encourage communities, schools, policy makers, health professionals and ordinary individuals to work together to improve the health and well being of all of our citizens.

Collaborative Action: What Makes It Work?
Dr. Michael Rachlis

Speaker Biography
Dr. Michael Rachlis was born in Winnipeg, Manitoba in1951 and graduated from the University of Manitoba medical school in 1975. He interned at McMaster University and then practised family medicine from 1976 to 1984 at the South Riverdale Community Health Centre in Toronto. He returned to McMaster University in 1984 for a residency in Community Medicine that he completed in 1988.

Dr. Rachlis currently works as a private consultant in health policy. His clients include governments and health care organizations. Dr. Rachlis is an associate professor (part-time) in the Department of Clinical Epidemiology and Biostatistics at McMaster University. He also holds a status appointment as associate professor in the Department of Health Administration at the University of Toronto. From 1995 to 1998 he was a non-governmental member of the Conference of Deputy Ministers Advisory Committee on Population Health and he currently sits on the Federal/Provincial/Territorial Public Health Working Group.

Dr. Rachlis has lectured widely on health care issues and has been invited to make presentations to committees of the Canadian House of Commons and Senate and the United States House of Representatives and Senate. He is a frequent media commentator on health policy issues and the co-author (with Carol Kushner) of two national bestsellers. Their most recent book, Strong Medicine: How to Save Canada's Health Care System was published by HarperCollins in 1995. Dr. Rachlis lives in Toronto with his wife and two children.

Summary of Presentation

Note: The content of Dr. Rachlis' presentation is summarized in: "A Paper Prepared for a Workshop on Intersectoral Action and Health" (which was included in the registration kit for workshop participants, and may be obtained by contacting Karen Pyra at 473-3675), and "What Is Intersectoral Action for Health," which is included after the summary of the presentation below.

It has been recommended since the 1974 report "A New Perspective on the Health of Canadians" that the health sector collaborate with other sectors to improve population health. This is because health is less influenced by health care services than the broad determinants of health, which mainly lie outside the formal health care system. Most social problems involve several sectors, and therefore require an intersectoral approach.

Unfortunately, intersectoral action has proven much harder to implement in practice than in theory. Major change in a society's pattern of health and illness usually requires change in that society's values and customs. Some powerful groups will be threatened by this change and will use their positions of privilege to oppose them. These threats to interests and values will inevitably cause some political backlash, which alters the intersectoral action and healthy public policies. The eventual policies implemented will usually focus on communities or individuals rather than larger populations, and will almost always be less effective than they would have

been without the political intervention. It is a paradox that intersectoral actions which most affect population health are those which operate at higher policy levels and yet it is at these levels where they face the most barriers.

Successful local action can create support to advance higher level action on the broader determinants of health. Community level action is like the kindling that is used to start a bonfire. The fire cannot be started without the kindling, but the fire will burn out if larger logs (higher level action) are not added once the kindling has caught fire.

Some of the facilitating factors for intersectoral action for health include: shared values and interests; developing coalitions; establishing long-term relationships with key decision-makers and the media; focus on concrete opportunistic projects; consensus on relevant information; and a positive economic environment. Some of the barriers to effective intersectoral action include: a difference in values and competing interests; the departmentalized nature of government organizations; the political electoral cycle; and the overall policy environment.

Key steps to beginning collaborative action include: getting the right people involved; clarifying roles and rules; starting small and concrete; and identifying enough resources. Keeping collaborative efforts going requires keeping the team together to allow time for relationships to build; developing long term relationships with the media and key decision-makers; staying flexible, and using local action to create support for higher level action.

The next five pages are a draft "Tool Kit" for intersectoral action for community groups, that was originally presented at a workshop in Alberta.

What is Intersectoral Action for Health?

Intersectoral action itself means working with more than one part of society to take action on an area of shared interest.

Intersectoral action on health means forming "partnerships between different parts of society to improve health." (A Population Health Promotion Framework for Saskatchewan Health Districts, Saskatchewan Health, 1999.)

> The province of Saskatchewan explains more about the type of partnerships involved: Intersectoral action on health "includes cooperative efforts among the public sector (that controlled by government), civil society (ordinary citizens), and the private sector (not directly controlled by government), as well as different parts of a sector; for example, the education and justice systems."

Intersectoral action for health has received attention as a key tactic to improve health ever since Marc Lalonde's 1974 report (A New Perspective on the Health of Canadians).

> Lalonde's Report and others published since have recommended the health sector work with other sectors because many factors, in addition to the health care system, have a strong influence on health. For example, healthy child development, social supports, employment, education and a clean environment all interact and affect our health.

Let's leave the final word to the World Health Organization. They describe intersectoral action for health as:

> "A recognized relationship between part or parts of the health sector with part or parts of another sector which has been formed to take action on an issue to achieve health outcomes, (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone." (WHO, Intersectoral Action for Health: A cornerstone for health-for-all in the twenty-first century. Report of an international conference held in Halifax April 20-23. 1997)

How to Get it Going

1. **Get the right people together: trust makes it happen**

- make sure your group represents the sectors and organizations you need
- participants should be respected and respectful members of the community
- participants should want to collaborate and be able to compromise

2. **Clarify roles and rules: make sure that everyone...**

- understands and agrees to the roles, rights, and responsibilities of the group
- feels ownership for the way the group works and what it produces
- communicates effectively among themselves and between organizations; use formal and informal ways of doing this, e.g., letters, memos, phonecalls
- **remember:** sometimes the health sector should lead... sometimes it should play a supporting role

3. **Start small but get things done**

- get early successes with concrete, visible projects

4. **Make sure you have enough resources**

- dedicated staff and space free participants to focus on the project
- use a skilled coordinator who works well with groups, is respected in the community, and knows the subject area well

What to watch out for

1. **Avoid conflicts on "philosophy"**

- select participants who share basic values
- keep the focus on specific projects rather than values or beliefs
- don't establish subcommittees which divide people by their differences

2. **Don't attempt the impossible**

- the political & social climate set the boundaries for intersectoral action
- if the right climate doesn't exist... try improving it

3. **Avoid long meetings and complicated committee structures**

- intersectoral action participants are busy people
- don't have a long process before there is a real success
- remember, it's important to have fun, & probably some food, too

How to Make it Grow

1. Keep the team together

- intersectoral action is built on trust over time between participants

2. Strike long-term relationships with reporters and key decision-makers

- the group should include or have close ties to key politicians and administrators
- educate key reporters while making sure they get usable stories

3. Stay flexible

- adapt rules or projects to changing circumstances

4. Start small... but think big

- create a positive feedback loop...
- use successful local action to create support for higher level action, for example, at the provincial level
- use higher level action, like new policies, to provide resources for local communities

Nineteen Factors That Influence Successful Collaboration

(From The Collaboration Handbook: Creating, Sustaining and Enjoying the Journey. Amherst H. Wilder Foundation, 1994.)

The Environment

1. History of collaboration or cooperation in the community
2. Collaborative group seen as a leader in the community
3. Political/social climate is favorable

Membership Characteristics

4. Mutual respect, understanding, and trust
5. Appropriate cross-section of members
6. Members see collaboration as in their self-interest
7. Ability to compromise

Process and Structure

8. Members share a stake in both process and outcome
9. Multiple layers of decision making
10. Flexibility
11. Development of clear roles and policy guidelines
12. Adaptability

Communication

13. Open and frequent communication
14. Established informal and formal communication links

Purpose

15. Concrete, attainable goals and objectives
16. Shared vision
17. Unique purpose

Resources

18. Sufficient funds
19. Skilled convener

What You Said About Collaboration
Ms. Cathy Chenhall

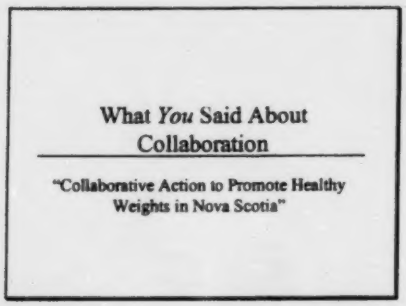
Speaker Biography
Cathy Chenhall is the Acting Coordinator, Non-Communicable Disease and Injury Prevention with the Public Health and Health Promotion Division of the Nova Scotia Department of Health. Cathy completed a Bachelor of Science in Human Ecology at Mount Saint Vincent University in 1993, and a Dietetic Internship at the Victoria General Hospital in 1994. Cathy has worked with Public Health in both the Northern and Central Regions of Nova Scotia since her graduation from the University of Toronto in 1996 with a Masters of Health Science in Community Nutrition. Cathy was one of the organizers of the workshop.

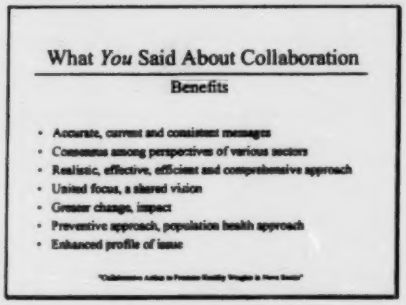
Summary of Presentation
As part of the registration process for the workshop, participants were asked to share their thoughts about collaboration. Participants were thanked for the time and effort put into responses, all of which were very considered and thoughtful. Two major themes emerged from the input received. First, an overwhelming majority identified that intersectoral action around the healthy weights issue is the direction that we need to take in Nova Scotia. Second, while collaboration was the direction chosen, respondents acknowledged that it is not easy or without challenges.

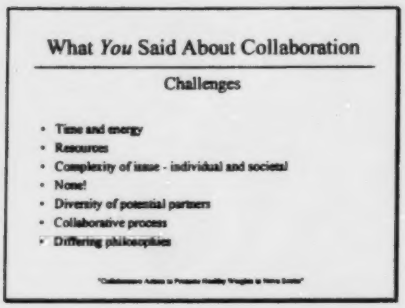
The most commonly cited benefits of collaborative action were: accurate, current and consistent messages; the possibility of consensus among the diverse perspectives of various participating sectors; and the possibility of a realistic and comprehensive approach that avoids duplication and maximizes resources. Some of the challenges identified by many participants included time and energy; resources; the complexity of the issue and diversity of potential partners and their philosophies. Participants were also asked "For your organization in particular, what do you believe would be the single most important challenge to overcome in working collaboratively with partners on the issue of healthy weights?". The top items identified were time and resources, and timely communication and action.

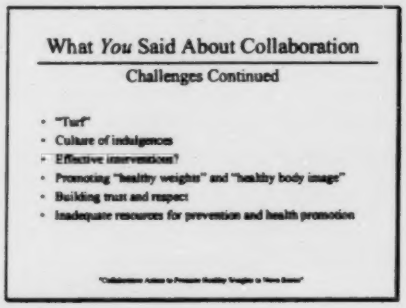
When asked to share their thoughts about the steps we need to take in order to move forward collaboratively, responses included the following: the need to learn about and from each other, the need to make sure we don't re-invent the wheel, and the need to commit to the process, and to identify a lead organization or group.

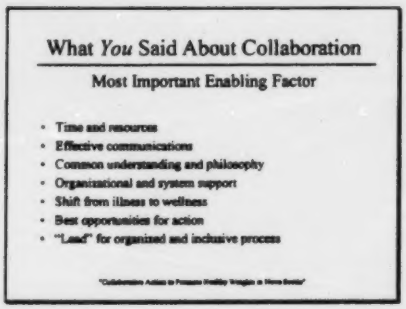
Cathy Chenhall's Slides

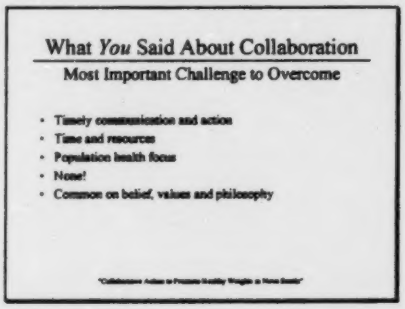


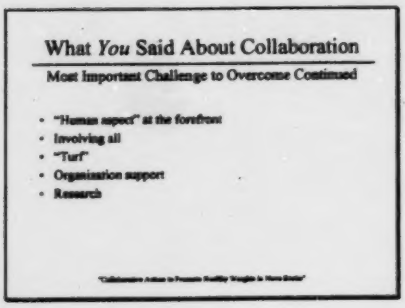

What *You* Said About Collaboration
Benefits
• Accurate, current and consistent messages
• Consensus among perspectives of various sectors
• Realistic, effective, efficient and comprehensive approach
• United focus, a shared vision
• Greater change, impact
• Preventive approach, population health approach
• Enhanced profile of issue

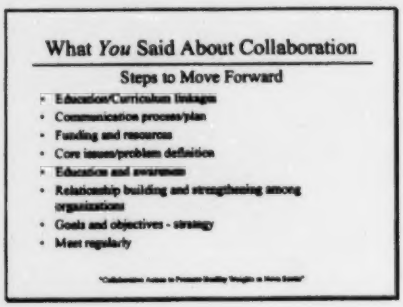


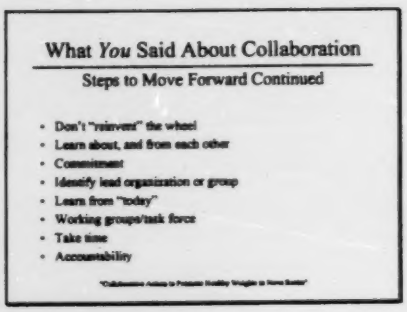

What *You* Said About Collaboration
Challenges Continued
• "Turf"
• Culture of indulgences
• Effective interventions?
• Promoting "healthy weights" and "healthy body image"
• Building trust and respect
• Inadequate resources for prevention and health promotion


What *You* Said About Collaboration
Most Important Enabling Factor
• Time and resources
• Effective communications
• Common understanding and philosophy
• Organizational and system support
• Shift from illness to wellness
• Best opportunities for action
• "Lead" for organized and inclusive process


What *You* Said About Collaboration
Most Important Challenge to Overcome
• Timely communication and action
• Time and resources
• Population health focus
• None!
• Common on belief, values and philosophy


What *You* Said About Collaboration
Most Important Challenge to Overcome Continued
• "Human aspect" at the forefront
• Involving all
• "Turf"
• Organization support
• Research


What *You* Said About Collaboration
Steps to Move Forward
• Education/Curriculum linkages
• Communication process/plan
• Funding and resources
• Core issues/problem definition
• Education and awareness
• Relationship building and strengthening among organizations
• Goals and objectives - strategy
• Meet regularly


What *You* Said About Collaboration
Steps to Move Forward Continued
• Don't "reinvent" the wheel
• Learn about, and from each other
• Commitment
• Identify lead organization or group
• Learn from "today"
• Working groups/task force
• Take time
• Accountability

Part Three:
Summary of Group Discussions

The purpose of the afternoon sessions of the workshop was to engage participants in dialogue about what collaborative actions might be possible around the issue of healthy weights. Through a facilitated process of small and large group discussions, participants were invited to consider these questions:

- on what issues could we focus our collective energy?
- what would it take to start collaborative action to promote healthy weights?
- who is going to take responsibility for moving us forward?

Participants were pre-assigned to small discussion groups that attempted to mix people from different sectors and geographic regions.

Working Session One

In the first working session, small groups were asked to brainstorm possible actions that the group could collectively address. Groups were asked to think about acting at both the community and provincial level. After 20 minutes of brainstorming, groups were then asked to review their list, and identify one or two priority items.

The priorities identified by the groups were as follows:

- work towards increased mandated physical activity in schools
- broad based nutrition education messaging (social marketing)
- focus on wellness
- provincial youth strategy starting at community level
- increase physical activity in schools
- money allocated to "healthy weights" research and monitoring (provincial, regional national)
- getting individual organizations to "buy in" to healthy weights and collaboration
- work with children and youth of low-income families
- look globally at successful programs, existing resources
- development of policies within schools, public institutions, etc.
- start with a young target group
- look at what is currently happening - recognize and support what's working locally and globally, also see what's not working and what can be done to improve the gaps
- use mass media on a provincial level to promote key messages.

The large group (involving all participants) was reconvened. Each group reported their priority items to the larger group, and then the facilitator invited the large group to try and identify and agree upon four to six action items from the lists presented by the groups. After considerable discussion, it was agreed that discussion during the second working session would focus on development of a healthy weights strategy for children and youth, with emphasis on:

1. developing and communicating a common message(s) about healthy weights for children

and youth;
2. stimulating and supporting local action;
3. identifying and sharing what is working, and developing realistic progress indicators for Nova Scotia; and
4. identifying and developing public policies to support healthy weights for children and youth.

Working Session Two

After a break, each small group was assigned one of the four focus areas agreed upon in Session One. For their particular item, each group was asked to identify concrete action steps, and who should take responsibility for implementing each step. The actions for each focus area are summarized below:

Focus Area One:
Developing and communicating a common message(s) about healthy weights and children and youth

Actions

- Determine what messages are being given to the target group now. Who is influencing them and what are they being told?
- Review the evidence for successful messaging. What works? What needs to be included in a message?
- Define terminology.
- Get consensus on the key message(s).
- Messages must align with practice (e.g. messages in schools need to be consistent with healthy eating practices in schools).
- Define message target groups (e.g. schools, sports groups, scouts and girl guides, family resources centres and breakfast programs etc.). Need to target a range of economic backgrounds.
- Use different methods to develop messages. For example, you could bring together parents, youth, and community organizations to develop one message for a particular target group.

Things to Keep In Mind

- The focus of the message should not be on weight, but rather on lifestyle. A broader health promotion perspective that focuses on healthy diet and physical activity is needed.
- Developing the message is a balancing act – we must have a positive focus and minimize negativity.

Focus Area Two:
Stimulating and supporting local action.

Actions:
- Develop overall goal, objective and mission for healthy weights and community action.
- Create awareness for community, professors, and families.
- Rename the strategy – take the focus to healthy lifestyles.
- Find out more about youth – gather relevant statistics.
- Map existing programs and resources (people, facilities, media and knowledge).
- Establish a process to build local community capacity, such as forming intersectoral action groups based on CHB regions.
- Establish a 1-800 clearinghouse of resources.
- Build programs around existing resources.

Things to think about:
- Need to have a strong family focus and youth participation throughout.
- Strong school involvement is necessary.

Focus Area Three:
Identifying and sharing what is working and developing realistic progress indicators for Nova Scotia.

Actions:
- Increase leadership activities around healthy eating. Use opportunities to work with existing youth groups to deliver messages for healthy eating. Need to get resources that are kid friendly to leaders/coaches.
- Identify what is currently being monitored. Look at what is happening nationally and globally, and identify useful indicators from successful programs.
- Healthy weights impact study.

Potential indicators for development:
- monitor number of schools offering healthy lifestyle classes
- monitor number of students participating in these classes
- monitor healthy weights, fitness levels and eating habits
- monitor status of children participating in organized activities

Focus Area Four:
Identifying and developing public policies to support healthy weights for children and youth.

Actions

- Identify committed partners.
- Define issues, barriers, and solutions.
- Identify and develop policies relevant to the issues.
- Look at creative options regarding employment and healthy eating (workplace food policy, physical activity opportunities).
- Focus on policy re: affordable physical activity and food.
- Defining a common message is important to support policy advocacy.
- Need to use techniques of empowerment – anchor in community. Advance advocacy from community to higher levels of action.

Appendices

Appendix A: List of Participants

Participant List

Mike Arthur

NS Sport Recreation Commission
5516 Spring Garden Rd.Halifax, NS B3J 2V2

Phone:902-424-7629
Fax: 902-424-0520

e-mail:arthurmh@gov.ns.ca

Physical activity has an important role to play in healthy weights, both from a preventive approach and in wieght loss and maintenance strategy. The NS Sport and Recretaion Commission is very interested in helping Nova Scotians achieve a health weight by developing a lifestyle which includes physical activity. The Commission has a mandate to decrease the number of children and youth in Nova Scotia who are inactive.

Yann Artur

Cape Breton Wellness Centre
P. O. Box 5300Sydney, NS B1P 6L2

Phone:902-563-1633
Fax: 902-563-1612

e-mail:yann.artur@uccb.ns.ca

David Baldwin

Nova Scotia Fruit Growers' Assoc.
Comp 12 Site 3 RR#2Cambridge Stn. NS

Phone:902-678-9862
Fax: 902-678-1434

e-mail:apples@ns.sympatico.ca

We are producers of a health product (fruit) mainly apples. Encouraging people to eat our product benefits our growers and the economy, and also benefits the health of the consumer.

Kim Barro

Public Health Services - Central Regions
201 Brownlow Ave., Unit 4Dartmouth, NS B3B 1W2

Phone:902-481-5832
Fax: 902-481-5803

e-mail:kim_barro@hotmail.com

As a public health advocate, I look forward to collaboratively addressing healthy weights beginning from health promotion straight through the continuum to continuing care.

Hope Beanlands

Public Health & Promotion
Dept. of HealthPO Box 488Halifax, NS B3J 2R8

Phone:902-424-5011
Fax: 902-424-0558

e-mail:

Ismay Bligh

Public Health Services Western Region
Box 1180Wolfville, NS B0P 1X0

Phone:902-542-6310
Fax: 902-542-6333

e-mail:pub@istar.ca

I am particularly interested in promoting heathly weights in children through a supportive, respectful environment at school and at home. Self esteem, body image, physical activity and healthy eating are among the important factors to consider.

Jane Brethower

Digby General Hospital
Food & Nutrition ServicesBox 820Digby, NS B0V 1A0

Phone:902-245-2501
Fax: 902-245-5517

e-mail:brethoj.dgh@wrhb.org

As dietitians, we have been dealing with the healthy weight issue for years. Interestingly, we're coming around to a focus on healthy lifestyle and away from health weight. Due to the damage, the latter has one to people's lifestyles over the years

Diane Chase

West Hants Community Health Board
RR#1Ellershouse, NS BON 1L0

Phone:902-757-3420
Fax:

e-mail:diane.chase@ns.sympatico.ca

I joined the West Hants Community Health Board because of my interest in Home Care. In particular, preventive geratric care and support for caregivers. Preventative care includes diet and nutiritional information to maintain healthy weight.

Cathy Chenhall

Public Health & Promotion
Dept. of Health PO Box 488Halifax, NS B3J 2R8

Phone:902-424-5011
Fax: 902-424-0558

e-mail:chenahcl@gov.ns.ca

Karen Cole

Pork Nova Scotia
339 Willow St. Truro, NS B2N 5A6

Phone:902-895-0581
Fax: 903-892-4236

e-mail:kcole@tru.eastlink.ca

All trimmed pork cuts, with the exception of ribs are lean, an average 100 g of trimmed port has 139 calories and only 5 g of fat. The Heart & Stroke Foundation has included pork in their Health Check Program that helps consumers make food choices low in fat and high in fibre.

Danielle Colville

QEII
5th Floor Dickson5820 Univ Ave.Halifax, NS B3H 1V8

Phone:902-473-2158
Fax: 902-473-7596

e-mail:dtdmc@qe2-hsc.ns.ca

Outpatient Dietitian - a component of my role in the nutrition clinic is the provision of a weight management program aimed at reducing the additional health risks that excess body weight poses for individuals.

Corrine Corning Heart and Stroke Foundation 5523 Spring Garden Rd. Suite 204Halifax, NS B3J 3T1	**Phone:**902-423-7530 **Fax:** 902-492-1464 **e-mail:**ccorning@heartandstroke.ns.ca	Heart and Stroke Foundation's mission is to reduce the incidence of death and disability from heart disease and stroke through research, education and the promotion of healthy living.
Carol Dewar Valley Regional Hospital 150 Exhibition St.Kentville, NS B4N 5E3	**Phone:**902-678-7381 **Fax:** 902-679-1794 **e-mail:**dewar@glinx.com	I see about 20-30 patients/month in my outpatient nutrition counselling with issues around weight. On the opposite end, I also see women with eating disorders or weight obsessions. We need to get the message out that weight is indeed an issue for many Nova Scotians and healthier ways to deal with this issue.
Brian Dufton Western Regional Health Board Valley Regional Hospital150 Exhibtion St. Kentville, NS B4N 5E3	**Phone:**902-679-2657 **Fax:** 902-578-4917 **e-mail:**dufton@glinx.com	A large health care institution struggling with meeting the range of needs in the continuum of health and illness.Working with people to develop healthy lifestyles to prevent illness or reduce its effects. Use a biopsychosocial model.
Peggy Dunbar Diabetes Care Program Nova Scotia Suite 5771278 Tower Rd. Halifax, NS B3H 2Y9	**Phone:**902-473-3209 **Fax:** 902-473-3911 **e-mail:**pdunbar@istar.ca	Excess weight is a major risk factor for the development of Type 2 diabetes. The prevalence of Type 2 diabetes in younger populations is increasing. Addressing/promoting/attaining health weights in at risk individuals and their families could have a significant impact on diabetes (prevalence, incidence, management)
Lynn Edwards Dept. of Health 10th Floor P. O. Box 488Halifax, NS B3J 2R8	**Phone:**902-424-3243 **Fax:** 902-424-3243 **e-mail:**edwardlh@gov.ns.ca	Licenced dietitian, primary care project manager, NSDOH; researcher/lecturer on Transtheoretical Model of Behavior Change Theory to clincial practice. Member Obesity Canada Board of Directors

Mahnaz FarhangMehr

Public Health & Promotion
Dept. of Health PO Box 488Halifax, NS
B3J 2R8

Phone:902-424-5011
Fax: 902-424-0558

e-mail:

Jane Farquharson

Heart Health Nova Scotia
Dept of Community
Health &Epidemiology Dalhousie
University 5849 University
Avenue Halifax, NS B3H 2H7

Phone:902-494-1919
Fax: 902-494-1916

e-mail:jane.farquharson@dal.ca

Mary Fedorchuck

English Programs Services
NS Dept of Education Trade Mart
Building, 2021 Brunswick St, PO Box
578Halifax, NS B3J 2S9

Phone:902-424-5436
Fax: 902-424-0613

e-mail:fedorcm@gas.ns.ca

The Public School Program includes Family Studies, grades 7-12. Issues related to food and nutrition are explored in a number of courses. The importance of preventative health care throught an exploration of nutrition-related health concerns and community support services are key features of the program.

Kelly Fleming

Atlantic Wholesalers Ltd.
1075 Barrington St. Halifax, NS B3T 1C3

Phone:902-468-5522
Fax:

e-mail:kelly.fleming@ns.sympatico.ca

I educate consumers about healthy eating and lifestyle through grocery store tours, seminars in the community. Being in a grocery store, I can do product comparisons on site to help consumers make the healthier food choice and teach them how to shop.

Neala Gill

Canadian Diabetes Assocation
101-6080 Young St .Halifax, NS B3K

Phone:902-453-4232
Fax: 902-453-4440

e-mail:neala.gill@diabetes.ca

Obesity (especially central) is associated with an increase risk of developing type 2 diabetes. Maintaining a healthy weight is also a major component of managing both Type 1 and Type 2 diabetes. The Canadian Diabetes Assocation is interested in promoting healthy weight as a means of disease prevention and as a means of preventing complications of diabetes.

Coleen Goggin Public Health Services Northern Regional Health Board 201 Willow Street Annex 3rd Floor Truro, NS B2N 4Z9	**Phone:**902-893-5668 **Fax:** **e-mail:**cgoggin@nrhb.ns.ca	
Tracy Hiltz QEII Health Sciences Centre 1278 Tower Rd. Halifax, NS B3H 2Y9	**Phone:**902-473-7266 **Fax:** 902-473-5660 **e-mail:**	Promotion of healthy lifestyle that in turn promotes health weight in individuals.
Bonnie Hostrawser Canadian Cancer Society 5826 South St. Halifax, NS B3H 1S6	**Phone:**902-423-6183 **Fax:** 902-429-6563 **e-mail:**	
Joanne Iannetti Atlantic Health & Wellness Institute	**Phone:** **Fax:** **e-mail:**	
Judy Jenkins Dietitians of Canada, Atlantic 21 MicMac Blvd.Box 24070Dartmouth, NS B3A 4R4	**Phone:**902-461-1029 **Fax:** 902-469-1039 **e-mail:**jjenkins@dietitians.ca	Dietitians of Canada is committed to improving the health of Canadians through food and nutrition. National, regional and local initiatives of DC is targeting at all populations with scientifically based advice on healthy eating
Margaret Johnson Chairperson East Hants Community Health BoardSite 7, Box 1, RR#1Elmsdale, NS B0N 1M0	**Phone:**902-883-9274 **Fax:** 902-758-2484 **e-mail:**	

Elizabeth Johnston

Acadia University
Wolfville, NS

Phone:902-585-1366
Fax: 902-585-1095

e-mail:elizabeth.johnston@acadiau.ca

Acadia University School of Nutrition. Our School is interested in research on the perception of healthy weights by both the public and professionals. Research on other areas of this topic is also of

Jodi Kane

Eastern Kings Community Health Board
Box 6880Wolfville, NS BOP 1Z1

Phone:902-542-1258
Fax: n/a

e-mail:024443k@acadiau.ca

Debra Keays

Public Health & Promotion Division
NS Dept. of Health PO Box 488
Halifax, NS B3J 2R8

Phone:902-424-5011
Fax: 902-424-0558
e-mail:keaysdj@gov.ns.ca

Joel LaMorre

Queens Community Health Board

P. O. Box 1493Liverpool, NS B0T 1K0

Phone:902-354-5508

Fax: 902-354-4354
e-mail:

Wellness attitude of a community health board requires insights and tools to develop programs that can make a difference with

Susan Lilley

Health Promotion Consultant
7 Cantebury PlaceDartmouth, NS

B2Y 4J5

Phone:902-463-1837
Fax: 902-469-4166

e-mail:susal@ns.sympatico.ca

Shaun MacCormick

Northern Regional Health Board
44 Inglis PlaceTruro, NS B2N 4B4

Phone:902-897-6265
Fax: 902-893-0250

e-mail:smaccormick@nrhb.ns.ca

Merle MacDonald]NS Home Economics Association Site 4, Box 2, RR#2 Canning, NS BOP	**Phone:**902-582-7279 **Fax:** 902-582-7539 **e-mail:**kingsport@ns.sympatico.	The NSHEA is committed to the well being of families and endeavor to promote healthy lifestyles and to education the public to assist them in making healthy choices.
E. Joyce MacEachern Community Health Board North Shore P. O. Box 254 Tatamagouche, NS BOK	**Phone:**902-657-2881 **Fax:** **e-mail:**	I am a retired RN. During my thirty plus years of working, I have witnessed numerous times the illnesses connected to obesity. I am a staunch believer in educating the population of the hazards of being overweight.
Nancy MacKinnon ERHB 25 Bay St. #200 SMH Antigonish, NS B2G 2G5	**Phone:**902-863-2794 **Fax:** 902-863-7476 **e-mail:**nmackinnon-phs@erhb.ns .ca	
Tony Martin NS Sport Recreation Commission 5516 Spring Garden Rd.Halifax, NS B3J 2V2	**Phone:**902-424-8779 **Fax:** 902-424-0520 **e-mail:**	
Jan McCabe Public Health Services ERHB 2nd Floor, 235 Townsend St.Sydney, NS B1P 5E7	**Phone:**902-563-3720 **Fax:** 902-563-0508 **e-mail:**jmccabe.phs@erhb.ns.ca	Interested in working with communities on attitudes around healthy weights and enhancment of opportunities to work towards healthy weight, especially for women and children.

Sandi McCorry

Health Services Association
90 Glen Allan DriveBridgewater, NS
B4V 3S6

Phone:902-543-4603
Fax: 902-543-5336

e-mail:jmcorry@ns.sympatico.ca

The challenge then becomes working with my community so that the determinents of health are met by a broader segment of the population. I am interested in preventive and treatment issues relating to healthy weights - in particular, the shift necessary in our culture needed to better understand what healthy weights and health in general means.

Wendy McDonald

Nova Scotia Nutrition Council
27 Warwick Lane Halifax, NS B3M 4J3

Phone:902-443-5051
Fax:

e-mail:ak127@chebucto.ns.ca

The Nutrition Council has look at Food Security issues for all ages, prenatal, preschoolers, school age/school feeing, etc. Food accessablity for heatlhy eating towards a healthy weight is a concern but is just one of many concerns for the health of Nova

Jim Meikle

108 Birch St. P. O. Box 863Stellarton, NS
BOK 1S0

Phone:902-752-0993
Fax:

e-mail:jim.meikle@ns.sympatico.ca

A collaboration network of agencies would be a valuable resource to provide communities with information and training. I accept the concept of wellness both as an individual and as a board member of CCNS. We have to find a way to create a learning community that will value wellness and develop ways to achieve it in our communities.

Anne Murray

Cancer Care Nova Scotia
1278 Tower Road, 5th Floor
Halifax, NS B3H 2Y9

Phone:902-473-3781
Fax: 902-473-4631
e-mail: ccavm@qe2-hsc.ns.ca

Please see information next to Karen Pyra's name.

Laura Naugler

Family Studies Teachers Assoc.
49 Dorothea Dr. Dartmouth, NS

Phone:902-462-4897
Fax: 902-435-8398

e-mail:lauralee@sprint.ca

Teacher. As part of the present curriculum, students needs to be taught about what healthy weight means and its effects on them in the future. Up to date resources are essential to keep students interested in this area.

Jane Oram Health Canada 1505 Barrington St. Suite 1862Halifax,	**Phone:**902-426-2701 **Fax:** 902-426-9689 **e-mail:**jane_oram@hc-sc.gc.ca	Atl. Reg. Office works within a population health approach to deliver programs to improve the health of Atl. Canadians. Progarms address a broad spectrum of issues such as child health, tobacco, AIDS, seniors health & diabetes.
Jill Petrella Cancer Care Nova Scotia 1278 Tower Road, 5th Floor Halifax, NS B3H 2Y9	**Phone:**902-473-2936 **Fax:** 902-473-4631 **e-mail:** ccjtp@qe2-hsc.ns.ca	Please see information next to Karen Pyra's name.
Judy Purcell Canadian Cancer Society 5826 South ST.Halifax, NS B3H 1S6	**Phone:**902-423-6183 **Fax:** 902-429-6563 **e-mail:**nstn3332@fox.nstn.ca	The CCS NS Division identifies cancer prevention and risk reduciton as a high priority area, nutirition and physicial activity will be addressed and include messaging on healthy weights.
Karen Pyra Cancer Care Nova Scotia 1278 Tower Road, 5th Floor Halifax, NS B3H 2Y9	**Phone:**902-473-3675 **Fax:** 902-473-4631 **e-mail:**cckdp@qe2-hsc.ns.ca	Cancer Care Nova Scotia is a program of the Department of Health founded in 1998. We have a mandate to co-ordinate, strengthen and evaluate cancer services in Nova Scotia through integrated prevention, education and treatment programs. Between 30% and 40% of cancer cases are preventable by appropriate diets and physical activity, and maintenance of appropriate body weight.
Roy Rasmussen Dept. of Human Kinetics and Biology St. F. X., Antigonish, NS	**Phone:**902-867-3240 **Fax:**902-867-2455 **e-mail:**rrasmuss@stfx.ca	Healthy weight, a national crisis from childhood through adulthood and the impact of one's health status. Lifestyle modification: physical activity and diet to achieve healthy weight. Healthy weight and chronic disease prevention.
Elaine Shelton Heart & Stroke Foundation of Nova Scotia Suite 204, 5523 Spring Garden Rd. Halifax, NS B3J 3T1	Phone: 902-423-7530 x311 Fax:902-492-1464 e-mail:eshelton@heartandstroke.ns.ca	

Patti Simpson

Chair, NSDA
c/o Yarmouth Regional Hospital60
Vancouver St. Yarmouth, NS B5A 2P5

Phone:902-742-3541
Fax: 902-742-0369

e-mail:simpsop.yrh@wrhb.org

Heidi Stanish

Dept. of Human Kinetics St. FX
Antigonish, NS

Phone:902-867-3619
Fax: 902-867-2455

e-mail:hstanish@stfx.ca

Ruth Anne Sutherland

Eating Disorder Clinic QEII
1278 Tower Rd. Halifax, NS B3H 2Y9

Phone:902-473-8663
Fax: 902-473-6282

e-mail:sutherland.hfx@ns.sympatico.ca

Mary Jane Taylor

QEII Health Sciences Centre
1278 Tower Rd.Halifax, NS B3H 2Y9

Phone 902-473-2254
Fax: 902-473-5660

e-mail:dtmjt@qe2-hsc.ns.ca

Provincially, a focus on the promotion of healthy lifestyle that in turn promotes healthy weights in Nova Scotia.

Catherine Tetrault

NS Sport Recreation Commission
5516 Spring Garden Rd. Halifax, NS B3J 2V2

Phone 902-424-8779
Fax: 902-424-0520

e-mail:tetraulc@govl.ns.ca

Please see information next to Mike Arthur's name.

Theresa Marie Underhill

Cancer Care Nova Scotia
1278 Tower Rd. 5th floor
Halifax, NS B3H 2Y9

Phone 902-473-4637
Fax: 902-473-4631
e-mail:cctmu@qe2-hsc.ns.ca

Please see information next to Karen Pyra's name.

Sherry Veinotte

EKM Community Health Centre
P. O. Box 1180Wolfville, NS

Phone:902-542-2266
Fax: 902-542-4619

e-mail:sveinotte@netscape.net

I am a community dietitian and have worked for the past few years supporting the 'health at any size' concept i.e. the presence of a healthy body image, active living and healthy eating. I am a facilitator for the HUGS program.

Irene Wotherspoon

East Hants Community Health Board
Site 7, Box 1, RR#1Elmsdale, NS B0N

Phone:902-883-9686
Fax: 902-8837826

e-mail:irenew@cnova.net

Appendix B: Workshop Agenda

Collaborative Action to Promote Healthy Weights in Nova Scotia

Wednesday, March 29, 2000
8:30 am to 6:00 pm
Ramada Renaissance Hotel, Dartmouth, Nova Scotia

AGENDA

8:30 a.m. **Registration**

8:45 a.m. **Welcome from the Nova Scotia Department of Health and Cancer Care Nova Scotia**
Mr. Bob St. Laurent, Executive Director, Community Care, Nova Scotia Department of Health
Dr. Andrew Padmos, Commissioner, Cancer Care Nova Scotia

9:00 a.m. **Overview of the Day**
Moderator: Ms. Theresa Marie Underhill, Director of Operations, Cancer Care Nova Scotia

9:10 a.m. **Making the Connection: Healthy Weights and Chronic Disease Prevention**
Dr. Bruce Reeder, Professor, University of Saskatchewan

10:00 a.m. **Break**

10:15 a.m. **Healthy Weights, Healthy Budget: The Cost of Complacency**
Dr. Ron Colman, Director, GPI Atlantic

11:10 a.m.	**Collaborative Action: What Makes It Work?** *Dr. Michael Rachlis, Health Policy Consultant*
12:00 p.m.	**Lunch (provided)**
1:00 p.m.	**What *You* Said About Collaboration** *Ms. Cathy Chenhall, A/Coordinator, Non-Communicable Disease and Injury Prevention, NS Department of Health*
1:15 p.m.	**Think of the Possibilities!** Discussion to identify things we could do together to promote healthy weights.
2:30 p.m.	**Break**
2:45 p.m.	**Carving the Path** *Discussion to identify concrete actions.*
3:45 p.m.	**Reflections** *Dr. Michael Rachlis, Health Policy Consultant*
4:00-6:00 p.m.	**Networking Reception** An opportunity for participants to informally reflect on the day together. Please join us!

Appendix C: Responses From Evaluation Forms

Summary of Comments from Participant Evaluation Forms

1. Please tell us how today's workshop met your expectations.

- Excellent content (3 keynote speakers).
- It was what I thought it would be - many walks getting together to brainstorm and establish a basic foundation to build upon.
- Great opportunity to meet others from various sectors, great speakers.
- The morning was superb with great speakers that brought everyone to the same knowledge level and perspective.
- The depth and breadth of expertise of speakers and participants more than met my expectations.
- Not only met but surpassed my expectations.
- Collaboration excellent.
- Education of obesity was very informative and will help in my area of work (nutrition and cardiovascular disease).
- It exceeded my expectations. Great motivational speakers with balance of information. Effort to include many sectors obvious.
- Networking, current situation built momentum, action plan.
- Appears to be a great deal of commitment and interest from all groups. Great ideas, enthusiastic individuals.
- Grateful for the opportunity to talk to people from various walks of life all concerned with healthy weight. Speakers were enlightening.
- Very interesting and very well planned.
- Great discussion over strategies to address healthy weights.
- Information on current statistics of Canada, Nova Scotia and International comparisons. Excellent speakers, healthy division of issues.
- Excellent representation of various disciplines/stakeholders at the meeting. Great representation overall. Speakers set the tone by presenting what data there is available.
- An excellent day.
- Great discussion of many of the issues. A beginning for development of "plan" to collaborate.
- Great speakers with appropriate information. Good group process, clear buy-in from participants.

2. Please tell us how today's workshop did not meet your expectations.

- Hard to get to next steps.
- More time to brainstorm.
- It was difficult to maintain local information on issues, which is expected as a first.
- I would have liked more discussion on weight management strategies for all age groups.
- Sorry that more sectors – restaurant, food service educators, physicians were not present.
- I believe my expectations were met. I did not expect to leave at the end of the day with a solution to the HUGE issue.
- Exceeded expectations.

- No noon hour food, no healthy weight example – how to measure (concept).
- No negative feelings.
- I came with an open mind and minimal expectations. The day was very informative and allowed for exploration of "next steps".
- Did not see representatives from the full spectrum of invited guests. Looking for more variety of backgrounds among participants.

3. What do you believe we must do next to ensure that we are able to continue to work collaboratively?

- Communication – stay upbeat and active, stay focused, act now (in some/any way), follow through.
- Re-meet and develop an action plan with a reasonable implementation date.
- Identify lead and advisory group.
- The suggested steps at the end were good. At that time we can get specific on provincial and local initiatives or enhancements.
- Decide on some definite goals, projects and visions; do not just file the information on a shelf.
- Positive steps were taken – groups have taken responsibility for continuing efforts.
- Continue to communicate – fall meeting is an excellent idea. Smaller committee is also a good idea.
- Limit goals to be reasonable/manageable. Some funding committed to support.
- Communicate; assign a leader to get us started with the process.
- Develop a steering committee. Identify the next step in this initiative – take ownership. Need to identify existing programs – may be members of the group contributing to this identification of programs. With this information develop a list of programs along with benefits and disadvantages, what is working well and what is not.
- Provincially started and maybe piggyback with Heart Health Action teams in community levels.
- As you did – form a small group to develop actions for the group.
- We very much need coordination and leadership.
- Follow up in the fall. Great to hear today's message was shared with the media.
- Keep in touch, we must begin to make small and consistent movements on this issue.
- Follow through with our plans.
- Each local health authority setting up committee, meet and/or coordinate provincially.
- Establish leadership/ownership for issue. Continue out reach to "intersectoral" crowd.

4. What will enable your organization to continue to participate in collaborative initiatives around healthy weights?

- The government might make a difference.
- Having most recent information so we speak from an informed perspective.
- Our organization has a multidisciplinary team with nurses, dieticians, exercise physiologists, physiotherapists, physicians, etc. Each team member can collaborate with others in their own discipline and bring it back to the team. Having information on other community supports and services is necessary.

- Share discussion from today with PHS and other agencies we work with. Keep healthy weights on the table.
- Identify the next step in this initiative. Develop working groups; communicate what our goals and objectives are around the development of our strategic plan.
- The issue has been identified. CHB needs assistance on how to attack this problem. Gather interested parties to move forward in local level.
- Need help to support Family Studies Program in the schools - develop ways to enhance school programs with the help from the Department of Health.
- Focus fits in with our mission therefore we will continue to be involved in such initiatives.
- Continued communication with regard to actions. E-mailed information will be shared with my colleagues to promote further involvement.
- Continue to be informed and connected to the movement.
- Funding support.
- Funding continuation from Department of Health.

5. Is there anything else you would like to tell us?

- You are to be commended on your great efforts. Job well done. Great speakers!
- Great job!
- Let's keep the momentum going.
- I do agree that a focus on children is important and should be priority. I do feel that family is also important to reinforce the children's education. All surrounding environments influence children.
- Great planning. Thanks.
- I enjoyed the day – found the discussion stimulating/motivating. Thanks for taking the initiative.
- Wonderful job.
- A start, good resources. Structured nicely.
- Programs at High School can use Department of Health in many ways – need time to discuss this resource.
- Thank you, excellent job!
- Great day! Morning presentations were well done and very informative.
- Excellent day! Discussion was well facilitated and productive.
- Thanks for organizing such a thought provoking day.